

BUSINESS EQUIPMENT TAX REIMBURSEMENT APPLICATION 2003

031072000

(for eligible personal property taxes paid in 2002)

Check if applicant is a: Corporation Partnership	☐ LLC☐ Sole Proprietor	Application must be filed <u>no</u> later than December 31, 2003 .							
If applicant is a corporation, partnership or LLC, enter federal ID number									
Business Name									
If applicant is a sole proprietor, enter Social Security number									
Your First Name Initial Your Last Name									
Mailing Address									
City/Town		State Zip							
1. Consolidated application: YES (If yes, complete lines 2, 4, 5, 6, 8, and 9. Lines 5, 6, and 9 must reflect the total from all municipalities. Do not complete lines 3 and 7.) NO (If no, complete lines 2 through 8.)									
2. Business Code	3. Municipal Code								
4. Check this box if business was started on or after April 1, 1995									
Enter the following information for property tax payments made in calendar year 2002 based on the April 1, 2001 and/or April 1, 2002 assessments. See Instructions. 2001 2002									
5. Original cost of eligible property	5a _{\$}	5b §							
6. Assessed Value	6a §	6b §							
7. Property Tax Rate	7a mils	7b mils							
8. Requested Reimbursement*	Ba §	8b §							
9. Total Reimbursement. Line 8a plus line 8b or Total Consolidation Schedule 9									
* Tax paid on eligible property only, taking into account any early payment discounts, but exclusive of any interest, penalties or any other charges. Proof of tax payment and a copy of the tax bill must be included with your claim. Requested reimbursement must exclude any portion of the property tax payments related to property not eligible for the program. See instructions on page 4.									
Applicant (or business owner) signature: Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements and, to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than applicant) is based on all the information of which the preparer has any knowledge.									
Applicant(or business officer)	_ Date	Telephone Number							
Preparer		Preparer ID Number							
Preparer Telephone Number									
Revised 06/03		office use only							

(Do not include cents)

Form 800 CONSOLIDATION SCHEDULE 031072100

VEVB 3003

Year 2003 A B C D E					F		
Muni Co		Original Cost	,	Assessed Value	Property Tax Rate	Requested Reimbursement	Total Reimbursement
C01		\$ 9 9	, , , S, , , ,			S	Reimbursement
	2001				•		e
	2002	9 9		7	· · · · · · · · · · · · · · · · · · ·	2 2	3 1 2 1 2 1
	2001	· · · · · · · · · · · · · · · · · · ·		2 2		7 7 7	
	2002	2 2		2 2			2 2
	2001	2 2 2		2 2		2 2	
	2002	2 2		2 2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9 9
	2001	2 2		7	•		
	2002	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1 1 1 1 1 1 1 1 1 1			9 9
	2001	9 9		2 2			
	2002			2 2			
							7 7 7
	2001			2 2		2 2 2	
	2002			7 7	•	2 2	9 9
	2001	2 2 2		7 7		7 7 7	
	2002	2 2		2 2			2 2 2
	2001	9 9		2 2			
	2002			1 1 1 1 1 1 1 1 1 1	•		2 2
	2001	2 2 2		7	•		
	2002	9 9		2			
	2001	2 2		2 2			
	2002					9 9	
	2001					2 2	
	2002					9 9	
	2002						
			Со	lumn B	Colu	ımn C	Column F
1. PA	GE TOTA	AL	\$		\$		1 1 1
2. TO	TALFRO	M OTHER SCHEDULES	\$		\$		2
3. GR	AND TO	DTAL	\$.		\$	\$,	
				1 1 7 1	[